

# PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/Subagency		OMB Control Number  _____ - _____	
<i>Enter only items that change</i> <div style="display: flex; justify-content: space-between;"> <span>Current record</span> <span>New record</span> </div>			
Agency form number (s)			
Annual reporting and recordkeeping hour burden  Number of respondents  Total annual responses  Percent of these responses collected electronically  Total annual hours  Difference  Explanation of difference  Program change Adjustment			
	%	%	
Annual reporting and recordkeeping cost burden (in thousands of dollars)  Total annualized Capital/Startup costs  Total annual costs (O&M)  Total annualized cost requested  Difference  Explanation of difference  Program change Adjustment			
Other changes**			
Signature of Senior Official or designee:		Date:	For OIRA Use  _____ _____

\*\* This form cannot be used to extend an expiration date.